2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P93000024048 1. Entity Name MARSHA G. MADORSKY, P.A. Principal Place of Business 100 SE SECOND STREET 100 SE SECOND STREET STE 4000 STE 4000 MIAMI, FL 33131 MIAMI, FL 33131 04262004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0505136 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MADORSKY, MARSHA G DO NOT WRITE 2000 SOUTH BAYSHORE DRIVE #41 MIAMI, FL 33133 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MADORSKY, MARSHA G NAME STREET ADDRESS 2000 S BAYSHORE DRIVE #41 CITY-ST-ZIP MIAMI, FL 33133 --- U000000135265 TITLE 04/28/04-80052-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver of trustee graph stiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

6. madoksky

maesha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED

Daytime Phone #